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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/031,320 Confirmation No. 5901
Applicant : Sakhrat Khizroev et al.
Filed: : January 17, 2002
Title: Longitudinal Magnetic Recording Heads with
Variable-Length Gaps
TC/A.U.: : 2653
Examiner : David Louis Ometz
Docket No. : SEAG 49680
Customer No. : 35810

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Technology Center 2600

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

November 10, 2003

RESPONSE TO RESTRICTION REQUIREMENT

Dear Sir:

In response to the Restriction Requirement dated October 10, 2003, Applicants elect, without traverse, to prosecute Group I (Claims 1-14) drawn to a longitudinal recording head.

If it would facilitate prosecution of this application, the Examiner is invited to telephone the undersigned at (412) 263-4340.

Respectfully submitted,

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/031,320	
	Filing Date	01/17/2002	
	First Named Inventor	Sakhrat Khizroev	
	Art Unit	2653	
	Examiner Name	David Louis Ometz	
Total Number of Pages in This Submission	1	Attorney Docket Number	SEAG 49680

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Response to Restriction Requirement - Return Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Alan G. Towner Pietragallo, Bosick & Gordon
Signature	<i>Alan G. Towner</i>
Date	November 10, 2003

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>November 10, 2003</u>			
Typed or printed	Alan G. Towner		
Signature	<i>Alan G. Towner</i>	Date	November 10, 2003

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